

# Understanding Your NEW MEXICO ACCIDENT REPORT

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**STATE OF NEW MEXICO  
UNIFORM CRASH REPORT**

REPORTING DEPARTMENT: \_\_\_\_\_

**1A** CRASH INVESTIGATION ON: MM/DD/YYYY  
 ON PRIVATE PROPERTY  
 FATAL INJURY  
 PROPERTY DAMAGE ONLY  
 UNDER \$500  
 \$500 OR MORE  
 HIT AND RUN  
 Case Number: NMDOT: \_\_\_\_\_ CAD Num: \_\_\_\_\_

CRASH DATE (MM/DD/YY) \_\_\_\_\_ MILITARY TIME \_\_\_\_\_ CITY OCCURRED IN \_\_\_\_\_ COUNTY \_\_\_\_\_

CRASH LOCATION: \_\_\_\_\_ OCCURRED ON: (Route No. or Name) \_\_\_\_\_ AT INTERSECTION WITH: \_\_\_\_\_

OTHER LOCATION: \_\_\_\_\_ PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST \_\_\_\_\_

CRASH CLASSIFICATION:  On Roadway  Off Roadway  
 Overturned  Rollover  Other N-Col  Pedestrian  R. R. Train  Pedalcyclist  Animal  Vehicle on Other Rdwy  Fixed Object  Parked Vehicle  Other Object

**1E** ANALYSIS CODE: \_\_\_\_\_

## Top Section

**1A)** Includes the date, time and location of the crash with a landmark as a reference point, plus the full name of the investigating police department.

**1B)** Officer checks only the most severe crash type. For instance, a fatal crash might also cause a (non-fatal) injury to someone else, but only the "fatal" box will be checked.

**1C)** On-Roadway is used for crashes that started in an area used for vehicular travel.

**1D)** Off-Roadway is used for medians, shoulders, roadside, sidewalk, etc.

**1E)** Crash classification explains type of accident.

Double-check this section to make sure it is accurate!

**Vehicle No. 1**

**2A** Vehicle No. 1 HEADED: \_\_\_\_\_ ON: \_\_\_\_\_ Left Scene of Crash:  Yes  No Posted Speed: \_\_\_\_\_ Safe Speed: \_\_\_\_\_

**2C** Driver's Full Name (Last, First, Middle): \_\_\_\_\_ Address: \_\_\_\_\_

**2E** Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Status: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expires: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**2D** Date of Birth - MM/DD/YY: \_\_\_\_\_ Occupation: \_\_\_\_\_ Seat: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Race: \_\_\_\_\_ Injury Code: \_\_\_\_\_ CP Code: \_\_\_\_\_ CP Used Property: \_\_\_\_\_ Airbag Deploy: \_\_\_\_\_ Ejected: \_\_\_\_\_ EMS# Med Trans: \_\_\_\_\_

**2F** Seat Pos: \_\_\_\_\_ Occupant's Name (Last, First, Middle): \_\_\_\_\_ Occupant's Address (City, State, Zip): \_\_\_\_\_

**2G** Vehicle Yr: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Color: \_\_\_\_\_ Body Style: \_\_\_\_\_ Cargo Body Type: \_\_\_\_\_ Vehicle Use (1): \_\_\_\_\_ Vehicle Use (2): \_\_\_\_\_ Towed?  Yes  No  
 Damage Severity:  Heavy  Moderate  Slight  None  Unknown  All Areas  
 Extent:  Disabled  Functional  Appearance  Property  Fire  None  
 Towed due to disabling damage?  Yes  No  
 All Areas:  Yes  No

**2G** DOT # \_\_\_\_\_ Interstate Carrier: \_\_\_\_\_ Towed By: \_\_\_\_\_ Towed To: \_\_\_\_\_

**2G** Number of Axles: \_\_\_\_\_ Vehicle Weight Rating/Gross Combination Weight Rating:  10,000 lbs. or less  10,001 lbs. to 26,000 lbs.  Greater than 26,000 lbs. Hazmat Placard: \_\_\_\_\_ OR Hazmat Name: \_\_\_\_\_ AND 1 digit #: \_\_\_\_\_ Hazmat Released?  Yes  No

**2G** Carrier's Name: \_\_\_\_\_ Carrier's Address: \_\_\_\_\_ Carrier's Zip: \_\_\_\_\_

**2G** Owner's Name: \_\_\_\_\_ Owner's Company Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_ Owner's Zip: \_\_\_\_\_ Owner's Telephone: \_\_\_\_\_

**2G** Insured By: (Name of Company) \_\_\_\_\_ Policy Number: \_\_\_\_\_ Trailer or Towed Vehicles (1) Type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Yr: \_\_\_\_\_ License State: \_\_\_\_\_ License Number: \_\_\_\_\_

**2G** Trailer or Towed Vehicles (2) Type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Yr: \_\_\_\_\_ License State: \_\_\_\_\_ License Number: \_\_\_\_\_ Trailer or Towed Vehicles (3) Type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Yr: \_\_\_\_\_ License State: \_\_\_\_\_ License Number: \_\_\_\_\_

**Vehicle No. 2 or PEDESTRIAN - OTHER**

**3A** Vehicle No. 2 HEADED: \_\_\_\_\_ ON: \_\_\_\_\_ Left Scene of Crash:  Yes  No Posted Speed: \_\_\_\_\_ Safe Speed: \_\_\_\_\_

**3A** Driver's Full Name (Last, First, Middle): \_\_\_\_\_ Address: \_\_\_\_\_

**3A** Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Status: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expires: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**3A** Date of Birth - MM/DD/YY: \_\_\_\_\_ Occupation: \_\_\_\_\_ Seat: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Race: \_\_\_\_\_ Injury Code: \_\_\_\_\_ CP Code: \_\_\_\_\_ CP Used Property: \_\_\_\_\_ Airbag Deploy: \_\_\_\_\_ Ejected: \_\_\_\_\_ EMS# Med Trans: \_\_\_\_\_

**3A** Seat Pos: \_\_\_\_\_ Occupant's Name (Last, First, Middle): \_\_\_\_\_ Occupant's Address (City, State, Zip): \_\_\_\_\_

**3A** Vehicle Yr: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Color: \_\_\_\_\_ Body Style: \_\_\_\_\_ Cargo Body Type: \_\_\_\_\_ Vehicle Use (1): \_\_\_\_\_ Vehicle Use (2): \_\_\_\_\_ Towed?  Yes  No  
 Damage Severity:  Heavy  Moderate  Slight  None  Unknown  All Areas  
 Extent:  Disabled  Functional  Appearance  Property  Fire  None  
 Towed due to disabling damage?  Yes  No  
 All Areas:  Yes  No

**3A** DOT # \_\_\_\_\_ Interstate Carrier: \_\_\_\_\_ Towed By: \_\_\_\_\_ Towed To: \_\_\_\_\_

**3A** Number of Axles: \_\_\_\_\_ Vehicle Weight Rating/Gross Combination Weight Rating:  10,000 lbs. or less  10,001 lbs. to 26,000 lbs.  Greater than 26,000 lbs. Hazmat Placard: \_\_\_\_\_ OR Hazmat Name: \_\_\_\_\_ AND 1 digit #: \_\_\_\_\_ Hazmat Released?  Yes  No

**3A** Carrier's Name: \_\_\_\_\_ Carrier's Address: \_\_\_\_\_ Carrier's Zip: \_\_\_\_\_

**3A** Owner's Name: \_\_\_\_\_ Owner's Company Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_ Owner's Zip: \_\_\_\_\_ Owner's Telephone: \_\_\_\_\_

**3A** Insured By: (Name of Company) \_\_\_\_\_ Policy Number: \_\_\_\_\_ Trailer or Towed Vehicles (1) Type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Yr: \_\_\_\_\_ License State: \_\_\_\_\_ License Number: \_\_\_\_\_

**3A** Trailer or Towed Vehicles (2) Type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Yr: \_\_\_\_\_ License State: \_\_\_\_\_ License Number: \_\_\_\_\_ Trailer or Towed Vehicles (3) Type: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Yr: \_\_\_\_\_ License State: \_\_\_\_\_ License Number: \_\_\_\_\_

Crash Report Number: \_\_\_\_\_ SHEET \_\_\_\_\_ OF \_\_\_\_\_ SHEETS

STATE OF NEW MEXICO UNIFORM CRASH REPORT  
 NM Statute 66-7-209  
 NMDOT COPY

## Vehicle No. 1 Section

**2A)** Explains where the vehicle was and which way it was going. Check this against your own memory of the crash and look for discrepancies.

**2B)** If you a discrepancy between the posted speed and the safe speed, the officer needs to explain why in the narrative section. This is important for weather-related crashes.

**2C)** Contact information for the driver of the vehicle and each passenger. Your attorney will use this to investigate the accident.

**2D)** "Injury Code" indicates driver/passenger's injury.

**2E)** This section notes whether seatbelts were in place. That can be huge for your personal injury case.

**2F)** Information on the vehicle itself - color, make and damage type and location.

**2G)** If your accident involved hazardous material, it should be documented here.

## Vehicle No. 2 Section

**3A)** Same information as above (in section No. 2)

Pedestrians are also recorded as "vehicles" in this section in lines 21-26

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**ROAD - WEATHER**

LIGHTING (Check 1):  Daylight  Night

WEATHER (Check 1):  Clear  Rain  Snow  Fog

ROAD COND (Check 1 for each): V1 V2  Dry  Wet

ROAD SURFACE (Check 1 for each): V1 V2  Asphalt  Concrete  Gravel  Dirt  Sand

TRAFFIC CONTROL (Check 1 for each): V1 V2  No Passing Zone  Stop Sign  Yield Sign  R.R. Gate  4 Way Stop  Flashers  No Controls  Other

ROAD CHARACTER (Check 1):  Straight  Curve

GRADE (Check 1):  Level  Hillcrest  On Grade  Dip

ROAD DESIGN (Check 1 OR more for each): V1 V2  1 Lane  2 Lanes  3 Lanes  4 + Lanes  Undivided  Physical Divider  Painted Divider

Crash Report Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

ROAD DESIGN (Check 1 OR more for each): V1 V2  One Way  Ramp  Full Access Control  Undeveloped  Alley  Other  Constr. Zone

**CONTRIBUTING FACTORS**

APPARENT CONTRIBUTING FACTORS (Check 1 or more for each): V1 V2  Excessive Speed  Speed too fast for conditions  Failed to yield right of way  Passed stop sign  Disregarded traffic signal  Drove left of center  Improper overtaking  Avoid no contact vehicle  Avoid no contact -other  Cell phone  Low Visibility due to smoke

V1 V2  Following too closely  Made improper turn  Driver inattention  Under influence of alcohol  Other improper driving  Pedestrian error  Inadequate brakes  Inadequate moving vehicle  Failed to yield - Police Veh(s)  Failed to yield - Emrgcy Veh(s)  Under the influence of Drugs or Medication  High speed pursuit

V1 V2  Defective steering  Defective tires  Other mech. defect  Road defect  Other No driver error  Traffic control not functioning  Improper lane change  Improper backing  None  Vehicle Skidded Before Brake

**DRIVERS' ACTIONS** (Check 1 or more for each): V1 V2  Going Straight  Overtaking/Passing  Right Turn  Left Turn  U Turn  Slowing  Backing

V1 V2  Stopped for traffic  Stopped for sign/signals  Start in traffic lane  Start from park  Parked  Other

**SEQUENCE OF EVENTS** (See event codes): V1 V2  FIRST EVENT  SECOND EVENT  THIRD EVENT  FOURTH EVENT

**DRIVER**

DRIVER/PED/PEDALCYCLIST SOBRIETY (Check 1 or more for each with X): D1 D2  Consumed Alcohol  Consumed a Controlled Substance  Had Not Consumed Alcohol  Sobriety Unknown  Tested by Instrument  Breath Test Administered gms/210 L \_\_\_\_\_ gms/210L  Blood Test Administered  Standard Field Sobriety Test Administered  Refused Test

D1 D2  Fatigue-Asleep  Eyesight  Hearing Imp.  Illness  Medication  Amputee  No App. De  \*Other Physical Impairment  Unknown

**PEDESTRIAN/PEDALCYCLIST ACTION** (Check 1 or more for each): At Intersection Not at Intersection D1 P2  Walking Against Traffic  Standing  Pushing or Working on Vehicle  Playing in Road

**NARRATIVE**

Describe what happened - refer to vehicles by number.

**WITNESS**

Use Driver's Name: \_\_\_\_\_

OTHER PROPERTY INVOLVED: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**ENFORCEMENT ACTION**

VEH. NO: \_\_\_\_\_ NAME: \_\_\_\_\_ VIOLATION (COMMON NAME): \_\_\_\_\_ ACTION:  Booked  Cited  Pending

Time Notified: \_\_\_\_\_ Time Arrived: \_\_\_\_\_ Notified By: \_\_\_\_\_ Supervisor at Scene: \_\_\_\_\_ Checked By: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Printed Officers Name: \_\_\_\_\_ Report: \_\_\_\_\_

Crash Report Number: \_\_\_\_\_ SHEET \_\_\_\_\_ OF \_\_\_\_\_ SHEETS

Case Number: \_\_\_\_\_

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Contributing Factors to the accident are marked here. The officer can mark more than one. This information will be used to help determine who is at fault.

Any sobriety tests and blood/breath alcohol tests performed are documented here.

Witness contact information is here. Again, your attorney will use this to investigate the accident.

Any law enforcement action such as arrests and citations is documented here. While your civil personal injury case is independent of any criminal action taken, a driver who is charged with criminal conduct may also be responsible for the accident.